

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N31721

1. Entity Name
THE FRIENDS OF THE PORT ST. JOHN LIBRARY, INC.



Principal Place of Business
6500 CAROLE AVE
COCOA, FL 32927

Mailing Address
6500 CAROLE AVE
COCOA, FL 32927



07142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2953996

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DEZENDORE, HELEN
6383 FAIRCHILD AVE
COCOA, FL 32927

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Helen F. Dezendorf
Signature, typed or printed name of registered agent and title if applicable

Helen F. Dezendorf
(NOTE: Registered Agent signature required when reinstating)

7/12/05
DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | SD |
| NAME | CLARKE, PATRICIA |
| STREET ADDRESS | 6355 BLOXANT AVE |
| CITY-ST-ZIP | COCOA, FL 32927 |
| TITLE | PD |
| NAME | DEZENDORF, HELEN |
| STREET ADDRESS | 6383 FAIRCHILD AVE |
| CITY-ST-ZIP | COCOA, FL 32927 |
| TITLE | TD |
| NAME | OLSON, DORIS JEAN |
| STREET ADDRESS | 6000 EAGLE WALK AVE. |
| CITY-ST-ZIP | PORT ST JOHN, FL 32927 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000373157
07/18/05-80004-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Helen F. Dezendorf* *Helen F. Dezendorf* *7/12/05* *(321) 632-0298*